E. Integrate an accredited obstetrical residency program with subspecialty residence programs to encourage future physicians to devote part of their professional services to disadvantaged and underserved high-risk pregnant women; and

F. Operate organized ambulatory clinics for pregnant women that are easily accessible to the medically underserved.

iii. Certified Pediatric Ambulatory Care Centers (CPACCs) must:

A. Provide primary and specialty services for children demonstrating the need for extensive health care services due to a chronic condition.

B. Operate a designated 24-hour per day emergency referral site with a defined practice for the care of pediatric emergencies;

C. Provide access to necessary pediatric primary and specialty services within 24 hours of referral;

D. Be a distinct department of a disproportionate share hospital, as described in Attachment 4.19-A;

E. Integrate an accredited pediatric or family practice residence program with subspecialty residence programs to encourage future physicians to devote part of their professional services to disadvantaged and underserved children with specialty care needs; and

F. Operate organized ambulatory clinics for children that are easily accessible to the medically underserved.

=7/95 d. Covered Services. The following services will be considered as covered by Maternal and Child Health clinics when provided by, or under the direction, of a physician:

i. In the case of CHAPCCs and CHOSCs, primary care services delivered by a CHAPCC which must include but may not necessarily be limited to:

A. Early, periodic, screening, diagnostic, and treatment (EPSDT) services;

B. Childhood risk assessments to determine potential need for mental health and substance abuse assessment and/or treatment;

C. Regular immunizations for the prevention of childhood diseases;

D. Follow-up ambulatory medical care deemed necessary, recommended, or prescribed by a physician as a result of an EPSDT screening;

E. Routine prenatal care, including risk assessment, for pregnant women; and

F. Specialty care as medically necessary.

ii. In the case of Certified Obstetrical Ambulatory Care Centers (COBACC's), primary care and specialty services delivered by a COBACC which must include, but may not necessarily be limited to:

A. Prenatal care, including risk assessment (one risk assessment per pregnancy);

B. All ambulatory treatment services deemed medically necessary, recommended, or prescribed by a physician as the result of the assessment; and

C. Services to pregnant women with diagnosed substance abuse or addiction problems.

iii. In the case of Certified Pediatric Ambulatory Care Centers (CPACC's):

A. Comprehensive medical and referral services.

B. Primary care services delivered by a CPACC which must include, but may not necessarily be limited to:

1) Early, periodic, screening, diagnostic, and treatment (EPSDT services;

2) Regular immunizations for the prevention of childhood diseases; and

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPE OF CARE - BASIS FOR REIMBURSEMENT

3) Follow-up ambulatory medical care deemed necessary, recommended, or prescribed by a physician as the result of an EPSDT screening.

C. Pediatric specialty services which must include, at a minimum, necessary treatment for:

1) Asthma;

2) Congenital heart disease;

3) Diabetes; and

4) Sickle cell anemia.

D. Ambulatory treatment for other medical conditions as specified in the center's certificate application and as approved by the Department.

==07/95 9. "Hospital" means:

a) For the purpose of hospital outpatient reimbursement, any institution, place, building, or agency, public or private, whether organized for profit or not-for-profit, which is located in the State and is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act or any institution, place, building or agency, public or private, whether organized for profit or not-for-profit, which meets all comparable conditions and requirements of the Hospital Licensing Act in effect for the state in which it is located. In addition, unless specifically indicated otherwise, for the purpose of hospital outpatient reimbursement, the term "hospital" shall also include the following facilities located in an Illinois county with a population of over three million:

1) County-owned hospitals; or

==07/95 2) A hospital organized under the University of Illinois Hospital Act

==07/95 3) County-operated outpatient facilities located in the State of Illinois.

b) For the purpose of non hospital-based clinic reimbursement, the term "hospital" shall mean:

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPE OF CARE - BASIS REIMBURSEMENT

1) A county-operated outpatient facility, as described in this Attachment; or

2) A Certified Hospital Organized Satellite Clinic (CHOSC), as described in this Attachment.

c) For the purpose of hospital-based clinic reimbursement, the term "hospital" shall mean a hospital-based clinic as described below.

d) For the purpose of Healthy Moms/Healthy Kids managed care clinic reimbursement, the term "hospital" shall mean a Healthy Moms/Healthy Kids managed care clinic, as described in this Attachment.

04/93 10. "Hospital-based clinic" means a clinic that:

a. Has an administrative structure, staff program, physical setting, and equipment to provide comprehensive medical care;

b. Agrees to assume complete responsibility for diagnosis and treatment of the patients accepted by the clinic, or provides, at no additional cost to the Department, for the acquisition of those services through contractual arrangements with external medical providers; and

c. Is located adjacent to or on the premises of the hospital and is licensed under the Hospital Licensing Act or the University of Illinois Hospital Act.

04/93 11. "Major teaching hospital" means a hospital having four or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation. Except, in the case of a hospital devoted exclusively to physical rehabilitation, only one certified program is required to be so classified.

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPE OF CARE - BASIS FOR REIMBURSEMENT

04/93 12. "Psychiatric clinic" means a hospital-based clinic that is enrolled with the Department to provide:

a. Psychiatric Clinic Services (Type A). Type A psychiatric clinic services (category of service 27) are clinic service packages consisting of diagnostic evaluation; individual, group and family therapy; medical control; optional Electroconvulsive Therapy (ECT); and counseling, provided in the hospital clinic setting for individuals through the age of twenty-one (21).

b. Psychiatric Clinic Services (Type B). Type B psychiatric clinic services (category of service 28) are active treatment programs in which the individual patient is participating in no less than social, recreational, and task-oriented activities at least four (4) hours per day at a minimum of three (3) half days of active treatment per week. The duration of an individual patient's participation in this treatment program is limited to six (6) months in any twelve (12) month period.

04/93 13. "Physical rehabilitation clinic" means a hospital-based clinic that provides rehabilitative services and is enrolled with the Department for the provision of physical rehabilitation clinic services (category of service 29). Clinic services should be utilized when the patient's condition is such that it does not necessitate inpatient care and adequate care and treatment can be obtained on an outpatient basis through the hospital's specialized clinic.

State ILLINOIS

2b. RURAL HEALTH CLINIC SERVICES AND OTHER AMBULATORY SERVICES FURNISHED BY A RURAL HEALTH CLINIC

For dental services, eyeglasses, hearing aids, prescribed drugs, prosthetic devices and durable medical equipment, the all inclusive rate utilized for Medicare covered services in independent rural health clinics will not be applicable.

- Dental services

  Require prior approval (also see item 10, this attachment).

- Eyeglasses

  Prior approval required for tinting and contact lenses (also see item 12d, this attachment).

- Hearing aids

  Prior approval required for binaural hearing aids only.

- Prescribed drugs

  See item 12a, this attachment.

- Prosthetic devices

  Prosthetic devices (other than dental and artificial eyes) are provided only upon written recommendation of a physician. Require prior approval.

- Durable medical equipment

  Requires prior approval. Must be accompanied by a written recommendation of a physician (also see item 7c, this attachment).

- Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

State Illinois

=7/95 2c. In order for FQHCs to participate in the Maternal and Child Health Program, they must be Health Centers which:

a) receive a grant under Section 329, 330 or 340 of the Public Health Service Act; or

b) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, are determined to meet the requirements for receiving such a grant.

==07/98• ENCOUNTER RATE CLINICS

Encounter rRate eClinics are free-standing clinics which were enrolled in the Medicaid Program prior to ~~1975~~ July 1, 1998 that are reimbursed on an encounter rate basis as defined in Attachment 4.19-B(1)(g). An Encounter Rate Clinic may also be a clinic operated by a county with a population of over three million that is reimbursed on an encounter rate basis as described in Attachment 4.19-B(1)(g), but does not qualify as a Critical Clinic Provider as defined in Attachment 4.19-B(1)(c) or as a Non Hospital Based Clinic as described in Attachment 4.19-B(1)(d). In order for encounter rate clinics to participate in the Maternal and Child Health Program, they must be owned, operated, managed, or staffed by a hospital that also operates a Maternal and Child Health clinic or be located in a county with a population exceeding 3,000,000 that is part of an organized clinic system consisting of 15 or more individual practice locations, of which at least 12 are Federally Qualified Health Centers.

=7/95 • PSYCHIATRIC CLINICS

Psychiatric clinics enrolled in the Medicaid Program must have the appropriate facilities and qualified professional staff to meet the client's needs in order to participate in the Maternal and Child Health program.

OFFICIAL

State: ILLINOIS

3. OTHER LABORATORY AND X-RAY SERVICES

Full mouth series of x-rays are covered only once every three years.

Total body scans are covered only when provided in an inpatient hospital setting as part of the hospital per diem.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

4a. SKILLED NURSING FACILITIES (OTHER THAN SERVICES IN AN INSTITUTION FOR MENTAL DISEASES) FOR INDIVIDUALS 21 YEARS OF AGE OR OLDER

A preadmission screening assessment is required.

4b. EARLY AND PERIODIC SCREENING AND DIAGNOSIS TREATMENT SERVICES

Clients shall be referred for dental screenings beginning at age 2 if the client is not in the continuing care of an enrolled dental provider.

All medically necessary diagnosis and treatment services will be furnished to EPSDT (Healthy Kids) clients to treat conditions detected by periodic and interperiodic screening services even if the services are not included in the State Plan.

In addition to services provided under this State Plan, covered Medicaid (Section 1905(a) of the Social Security Act) services for individuals under age 21 include: case management, personal care services, Christian Science nurse and respiratory care services.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments, including organ transplants which are "medically necessary", to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

OFFICIAL

State: ILLINOIS

5. a. PHYSICIANS' SERVICES

Covered services, when performed by fully licensed residents, are limited according to the following conditions:

- That the resident provides services within a Family Practice Residency Program approved by the Department and accredited by the LCGME (Liaison Committee on Graduate Medical Education).

- That the resident provides services within a Family Practice Residency Program recognized by Medicare as either a Free Standing Program or a Provider Based Program.

- That, in those instances where the resident provides services within a Provider Based Family Practice Residency Program, such services will be covered on a cost-based arrangement only through a related provider (hospital).

== 01/93 In order for a physician's services to be covered for children under age 21, the physician must:

1) be certified in pediatrics or family practice by the medical specialty board recognized by the American Board of Medical Specialties; or

2) be employed by or affiliated with a federally qualified health center; or

3) have admitting privileges at a hospital; or

4) be a member of the National Health Service Corps; or

5) document a current, formal consultation and referral arrangement with a pediatrician or family practitioner who has the certification described in 1) for the purpose of specialized treatment and admission to a hospital; or

State ILLINOIS

6) be certified by the Secretary of the Department of Health and Human Services as qualified to provide physician's services to a child under 21 years of age; and

7) deliver services in a manner consistent with the standards of the American Academy of Pediatrics and rules as published by the Illinois Department of Public Health.

01/93 Physician services to pregnant women, including postpartum care, will be covered only when the following conditions are met:

1) the physician, whether based in a hospital, clinic or individual practice, retains hospital delivery privileges or documents a written referral arrangement with another physician who retains such privileges for the purposes of specialized treatment and admission to a hospital; and

2) maternal services are delivered in a manner consistent with the quality of care guidelines published by the American College of Obstetricians and Gynecologists in the current edition of the "Standards for Obstetric-Gynecologic Services."

=7/95 In order for a physician to participate in the Maternal and Child Health program, he must meet all provisions of regular Medicaid enrollment and the following additional program requirements:

1) maintain hospital admitting privileges and, for obstetrical care, hospital delivery privileges;

2) provide periodic health screening (EPSDT) and primary pediatric care as needed, consistent with guidelines published by the American Academy of Pediatrics or American Academy of Family Physicians;

3) provide obstetrical care and delivery services as appropriate, consistent with guidelines published by the American College of Obstetricians and Gynecologists or the American Academy of Family Physicians;

4) perform risk assessment for pregnant women and/or children;

5) provide medical care coordination including arranging for diagnostic consultation and specialty care;

6) maintain 24-hour telephone coverage for assessment and consultation; and,

7) provide equal access to quality medical care for MCH clients.